

## **Vaccine Provider Administration Site Checklist**

This checklist assumes that the vaccine provider organization <u>is enrolled</u> with the Delaware Public Health (DPH) Immunization Program. Vaccine provider organizations not enrolled are not eligible to receive vaccines. *See Table 1 for vaccine-specific requirements.* 

Vaccine	Vaccine Ordering						
	Follow DPH Immunization Program instructions						
Prepare to Receive the Vaccine							
	Storage solution or vaccine packaging retained for use (if needed) as per manufacturer's instructions and Division of Public Health guidance Read Emergency Use Authorization and/or Division of Public Health guidance for safe storage,						
	handling, and administration of the vaccine						
	☐ Ancillary supply kits received from the Division of Public Health ☐ Needles						
		<ul><li>25-gauge, 1" (if vaccination indicated for pediatric population)</li><li>22–25-gauge, 1-1.5" (adult)</li></ul>					
		Syringes					
		Vaccine needle guide detailing the appropriate length/gauge for injections based on route, age (for children), gender, and weight (for adult)					
		Alcohol prep pads					
		Surgical masks					
		Face shields					
		Vaccination record cards					
		Emergency Use Authorization information form for each client					
Prepari	ing the \	accination Site					
	The following items are site provided and should be placed at each vaccinator station:						
		Gloves in appropriate sizes for vaccinator staff					
		Small adhesive bandages					
		Alcohol-based hand sanitizer					
	☐ Sharps container						
	☐ Provide training to vaccinator staff						
		Paperwork/DelVAX process					
		Personal protective equipment required					
		Vaccine manufacturer's and DPH guidance for storage and use of vaccine					
		Drawing vaccine					
		Administering vaccine					
		Observing for vaccine adverse events					
	Set up queue line and vaccination rooms/areas to maintain social distancing requirements						
	Assure that the site can used ALL vaccine prior to dilution and reconstitution						



Ш	and Vaccine Information Sheet for clients (as required)					
	diphenhydramine, epinephrine auto-injectors (site provided)					
	Set up area for post-vaccine administration observation (vaccine adverse event reporting)					
Staff S	afety					
	Brief staff on infection prevention and safety procedures					
	availability is limited)					
	<ul><li>☐ Visually inspect all vaccinators to assure PPE is worn appropriately</li><li>☐ Regularly inspect PPE to assure integrity</li></ul>					
Administering Vaccine						
	Clients complete registration form (DelVAX required data)					
	Provide adequate supplies (ancillary kit + gloves) at each vaccination station					
	Provide information sheets on vaccine to clients prior to administration					
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_	Services and/or DPH					
	Practice PPE optimization techniques such as using an alcohol-based hand rub to sanitize gloves between vaccinations (as required)					
	Provide vaccination record card					
Post-Administration Observation						
	Post-vaccination observation					
	Provide emergency medical care for severe allergic reactions					
	Schedule follow-up visit for second vaccine dose (as required)					
	Report reactions through the Vaccine Adverse Event Reporting System (VAERS) as needed					
Vaccin	ne Reporting					
	Report daily vaccinations to DelVAX within 24 hours of vaccine administration					
	Report vaccine availability to VaccineFinder daily					
	Immediately report any unreconstituted vaccine vials that will not be used by the site to the Division of Public Health Immunization Program					

Table 1 – Vaccine-specific Requirements							
	For Pfizer Vaccine Only		For Moderna Vaccine Only				
	Ultra-cold storage solution or vaccine		Refrigerated solution for short-term vaccine				
	packaging retained for use		storage				
	Plan for second dose administration 21 days		Plan for second dose administration 28 days				
	(range 17 to 21 days) following first dose or		(range to be determined) following first dose				
	as soon as possible thereafter		or as soon as possible thereafter				
	Receive mixing kit from the Division of Public		No mixing/diluent required, however,				
	Health		vaccinators must gently swirl vial prior to				
	☐ Diluent		withdrawing each dose				
	☐ Needles						
	☐ Syringes						
	☐ Alcohol prep pads						
	Follow manufacturer's instructions on						
	reconstituting vaccine for just-in-time use						
	Provide copy of Table 2 - Triage of persons						
	presenting for Pfizer-BioNTech COVID-19						
	vaccination at each vaccination station						
	Post-vaccination observation						
	☐ 30 minutes for persons that had previous anaphylaxis						
	☐ 15 minutes for all others						

allergic reaction, but not anaphylaxis

## Table 2: Triage of persons presenting for Pfizer-BioNTech COVID-19 vaccination MAY PROCEED WITH VACCINATION PRECAUTION TO VACCINATION **CONTRAINDICATION TO VACCINATION CONDITIONS CONDITIONS CONDITIONS** Moderate/severe acute illness Immunocompromising conditions CONDITIONS None **ACTIONS** Pregnancy Lactation Risk assessment **ACTIONS ACTIONS** Potential deferral of vaccination N/A 15 minute observation period 15 minute observation period if vaccinated **ALLERGIES ALLERGIES ALLERGIES** History of severe allergic reaction (e.g., History of food, pet, insect, venom, History of severe allergic reaction anaphylaxis) to another vaccine (not environmental, latex, or other allergies not (e.g., anaphylaxis) to any component related to vaccines or injectable therapies including Pfizer-BioNTech vaccine) of the Pfizer-BioNTech vaccine History of severe allergic reaction (e.g., History of allergy to oral medications **ACTIONS** (including the oral equivalent of an injectable anaphylaxis) to an injectable therapy ALLERGIE medication) **ACTIONS:** Do not vaccinate Non-serious allergy to vaccines or other Risk assessment injectables (e.g., no anaphylaxis) Potential deferral of vaccination Family history of anaphylaxis 30 minute observation period if Any other history of anaphylaxis that is not vaccinated related to a vaccine or injectable therapy **ACTIONS** 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause 15 minute observation period: Persons with